

MARLENE J. WUST-SMITH, M.D.
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January 23, 2002

Michael S. Appel, Esquire
Sugarman, Rogers, Barshak & Cohen, P.C.
101 Merrimac Street
Boston, MA 02114-4737

cc: Anne M. English

Re: Estella Calhoun

Dear Mr. Appel:

At your request, I have reviewed the medical records of Estella Calhoun, date of birth 2/25/00. As you are aware, I am a board certified pediatrician who serves as an expert witness in general pediatric cases.

Thorough review of Estella's medical records demonstrated several deviations from accepted standards of medical care. As you know, she suffered from significant dehydration in the neonatal period, which was not appreciated until her admission to the hospital at 1 week of age. All children, particularly newborns, should be weighed naked (without clothes or diapers) in order to properly ascertain their weights, and this was not done in Estella's case. She had lost over 1 and ½ pounds before she was finally admitted to Emerson Hospital. By this time, she had developed significant hyperbilirubinemia and a low grade fever. She was being followed by Dr. Eric Daub prior to her hospitalization at Emerson, and I believe that his care deviated from accepted standards on the following counts:

- (1) failure to accurately ascertain the baby's weight;
- (2) failure to assess the gravity of an 11 ounce weight loss between 2/29 and 3/1 (instead of instructing the family to follow up in 2 days, Dr. Daub should have had her come back on 3/2 or considered admitting her on 3/1).

During her admission to Emerson, it was discovered that Estella was suffering from a hypernatremic dehydration, which is a very serious condition. She was under the care of Dr. Marianne Sutton during this hospitalization. Estella was discharged home after only a 3 day hospitalization, which I believe is premature in an infant who had lost

more than 12% of her birth weight. She was maintained on intravenous fluids for the majority of the hospitalization, which was appropriate management of the hypernatremia; however, accepted standards of medical care would dictate that there would be a longer trial of oral feedings before discharging such a fragile infant home. A head ultrasound was appropriately ordered on admission, and the test was performed on day #2 of the hospitalization. There is no record of the result of the ultrasound in the hospital notes, and the typewritten summary of the result of the ultrasound (dated 3/7/00), a day after Estella's discharge) is confusing, in that it states that there is "...increased echogenicity in the vicinity of the germinal matrix to suggest hemorrhage," yet goes on to conclude that the study was normal. It is possible that there is a typographical error in the body of the report, accounting for the disparate reading and conclusion.

The care by Dr. Marianne Sutton while Estella was a patient at Emerson Hospital deviated from accepted standards of medical care on the following counts:

1. Estella was discharged from the hospital after only 14 hours of being exclusively orally fed. Her discharge sodium of 145 was only just within the normal range (normal values for sodium are between 135-145), and accepted standards would dictate that there should be another value obtained after exclusively orally feeding for at least a 24 hour period.
2. There is no evidence indicating that the head ultrasound result was noted by Dr. Sutton during Estella's hospitalization.

Estella was seen by Dr. Coleman at his office 3 days after discharge from Emerson Hospital on 3/9/00 at 2:25 p.m. and was found to have a normal exam at that visit. Later that same day (at 8:40 p.m.) she presented to the Emergency Room at Boston Children's Hospital with seizures, and was found to have a sagittal sinus thrombosis, a right intraventricular hemorrhage, and a right intraparenchymal thalamic hemorrhage on CT scan. The Boston Children's Hospital medical record states that the parents had noted left arm twitching the morning of admission, but this is not mentioned in Dr. Coleman's note.

A coagulation disorder is ruled out during Estella's admission to Boston Children's Hospital, making it clear that the etiology of her intracranial bleeding and clotting and subsequent seizures was her dehydration. There are no deviations from accepted standards of medical care while Estella is admitted to Boston Children's Hospital.

If you require any further information, please do not hesitate to contact me.

Sincerely,



Marlene J. Wust-Smith, M.D.

Curriculum Vitae
of
Marlene J. Wust-Smith, M.D.

Personal

Home Address:
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New York, New York 10021
(212) 570-2675
Date of birth: 5/16/63
Place of birth: New York, New York
Social Security #: 153-60-3420
Marital status: Married
Languages: Spanish, English
Board Certification: American Board of Pediatrics, October 1993
State Licensure: New York State 185375
Federal DEA #: BW3781843

Post-Graduate Employment

Pediatric and Adolescent Medicine, Private Practice
1996 - present
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Urgent Care Pediatrician
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Pediatric and Adolescent Medicine, Private Practice
1993-1995
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Hospital Affiliations

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Education and Training

Cornell University
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College of Arts and Sciences, College of Human Ecology
B.S., 1985

Cornell University Medical College
New York, New York
M.D., 1989

The New York Hospital-Cornell Medical Center
New York, New York
Department of Pediatrics
Intern, Resident 1989-1992

The New York Hospital-Cornell Medical Center
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Department of Anesthesiology
Resident, 1992-1993